

10/15/47/222

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51							
2	/					52							
3						53							
4						54							
5						55							
6	1					56							
7						57							
8						58							
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42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	/					TOTAL IND.							
TOTAL DEP.	/ 8					TOTAL DEP.							
TOTAL CLAIMS	19					TOTAL CLAIMS							